

1 Glenn R. Kantor, Esq. State Bar No. 122643
E-mail: gkantor@kantorlaw.net
2 Alan E. Kassan, Esq. State Bar No. 113864
E-Mail: akassan@kantorlaw.net
3 KANTOR & KANTOR, LLP
19839 Nordhoff Street
4 Northridge, CA 91324
(818) 886-2525 (TEL)
5 (818) 350-6272 (FAX)

6 Attorneys for Plaintiff

7
8 UNITED STATES DISTRICT COURT OF CALIFORNIA
9 NORTHERN DISTRICT- SAN FRANCISCO
10

11 Bruce Pierce,

12 Plaintiff,

13 vs.

14 Hartford Life and Accident Insurance
Company; and Pacific Gas
15 Transmission Company Long Term
Disability Plan,

16 Defendants.
17

CASE NO: CV07 - 6016 SC

PROOF OF SERVICE OF
SUMMONS AND COMPLAINT
VIA CERTIFIED MAIL RETURN
RECEIPT REQUIRED PURSUANT
TO CALIFORNIA CODE OF CIVIL
PROCEDURE SECTION 415.40 AS
ADOPTED UNDER F.R.C.P. RULE
4(h)(1)

18
19 I, Glenn Re. Kantor, hereby declare that on December 5, 2007, my
20 assistant, Tinee Parell, served Defendant Pacific Gas Transmission Company Long
21 Term Disability Plan, with the Summons; Complaint; Notice of Interested Parties;
22 Civil Cover Sheet; Order Setting Initial Case Management Conference and ADR
23 Deadlines; Notice of Availability of Magistrate Judge to Exercise Jurisdiction; ECF
24 Registration Information Handout; and USDC - San Francisco Filing Procedures,
25 pursuant to California Code of Civil Procedure section 415.40 as allowed for and
26 adopted under F.R.C.P. Rule 4(h)(1), by mailing said documents to the above-named
27 Defendant at 717 Texan Avenue, Houston, Texas 77002-2761, via first class mail,
28

with postage prepaid and requiring a return receipt. Service shall be deemed complete on the tenth day after this mailing.

I declare the above under the penalty of perjury under the laws of the United States of America. Executed this 19th day of December, 2007 at Northridge, California.

KANTOR & KANTOR, LLP

By: /s/ Glenn R. Kantor

Glenn R. Kantor
Alan E. Kassan
Attorney for Plaintiff
Bruce Pierce

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <u>[Signature]</u> <u>12/11</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12-11</u></p>	
<p>1. Article Addressed to:</p> <p>PLAN ADMINISTRATOR PACIFIC GAS TRANSMISSION COMPANY LONG TERM DISABILITY PLAN C/O TRANS CANADA 717 TEXAN AVENUE HOUSTON, TEXAS 77002-2761</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <u>7006 3450 0003 8385 0853</u></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540